

Department of Insurance 1201 Main Street, Suite 1000 Columbia, South Carolina 29201 Post Office Box 100105 Columbia, South Carolina 29202-3105 MARK SANFORD Governor SCOTT RICHARDSON Director of Insurance

SOUTH CAROLINA INSURANCE ADMINISTRATOR BOND

STATE OF Bond N	lo
KNOW ALL MEN BY THESE PRESENTS, That we _	
as Principal, of	and
	of
	and firmly bound unto the State of South (5,000) Dollars, to the payment of which, and each and everyone of us, our heirs,
Effective Date	Expiration Date
Sealed with our seals and dated at	
this day of	_ in the year of our Lord two thousand and
require an insurance administrator, before bei to file an approved bond in the amount of seve	nty-five thousand dollars; desires to be licensed as he laws of this State, and desires to file
pay any person who shall sustain loss as a resulfailure to comply with the requirements of Principal's failure to properly transmit any insurer, or other person, (c) the Principal's mireceived by it, or (d) any act of fraud or diconnection with the administration of an insurbe void and of none effect; or else to remain It is understood and agreed that in no	Act 133 of 1985, as amended, (b) the payment received for transmission to an sapplication or misappropriation of funds shonesty committed by the Principal in rance benefit plan, then the above bond to of full force and virtue. event shall the aggregate liability of the
Surety under this bond for any and all payment penal sum of this bond regardless of the number	
Surety's liability hereunder, as to the	future only, may be terminated:
State of South Carolina stating thereafter, the surety's future l	ety to the Director of Insurance of the g when, not less than forty (40) days iability shall terminate, and upon written of Insurance of the State of South Carolina
(b) upon written authorization from to Surety.	the Director of Insurance of South Carolina
IN WITNESS whereof, Principal and Surety manner and form following:	have executed and sealed this bond in the
In the presence of two witnesses as to Princip	al
One of the above witnesses must complete affidavit on top of reverse side	Principal
In the presence of two witnesses as to Surety	
1	SURETY
	SUREII
2One of the above witnesses must complete affidavit at bottom of reverse side	By:
Personally Countersigned by a Licensed South Carolina Resident Agent:	(Affix Corporate Seal)
(Type or Print Name)	
Signed:	

(Social Security Number)

STATE OF	_
COUNTY OF	<u> </u>
Personally appeared before me	
(one of Witnesses to Principal on B	Reverse Side)
who, being duly sworn, says that he	saw the within mentioned(Principal)
deliver the within written band for the	uses and purposes therein mentioned and that he
	uses and purposes therein mentioned and that he
witnessed the execution of same.	
	(Signature of Above Witness to Principal)
sworn to and subscribed before me this	
day of,20	
	(Notary Public)
STATE OF	
COUNTY OF	
Personally appeared before me	
	(One of witnesses to Surety on Reverse Side)
who, being duly sworn, says that he saw t	che within mentioned (Surety)
by	
(officer of the Surety)	
sign, seal, and as his act or deed, d purposes therein mentioned, and that he	eliver the within written bond for the uses and witnesses the execution of the same.
	(Signature of Above Witness to Surety)
sworn to and subscribed before me this	
day of1 20	
aay 011_5	
	(Notary Public)